Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NORTH CAROLINA		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	Check if this amended filing

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's	Diyrone First name	First name
	license or passport).	Middle name	Middle name
	Bring your picture identification to your meeting with the trustee.	Solomon Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2114	

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Debtor 1 Diyrone Solomon Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EIN	EIN
5.	Where you live	183 Haven Drive	If Debtor 2 lives at a different address:
		Roanoke Rapids, NC 27870  Number, Street, City, State & ZIP Code  Halifax	Number, Street, City, State & ZIP Code
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Case number (if known)

7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	☐ Chapte	r 7					
		☐ Chapte	r 11					
		☐ Chapte	r 12					
		■ Chapte	r 13					
8.	How you will pay the fee	abou orde	it how your	ou may pay. Typical	y, if you are paying the fee yo	k with the clerk's office in your local court for more urself, you may pay with cash, cashier's check, or alf, your attorney may pay with a credit card or che	r money	
				y the fee in installnee in Installments (O		n, sign and attach the Application for Individuals	to Pay	
		☐ I req	uest tha	at my fee be waive	(You may request this option	n only if you are filing for Chapter 7. By law, a judg ur income is less than 150% of the official poverty		
		appli	es to yo	ur family size and yo	ou are unable to pay the fee ir	installments). If you choose this option, you mustial Form 103B) and file it with your petition.	t fill out	
9.	Have you filed for bankruptcy within the last 8 years?	■ No.						
	lust o yours.		District		When	Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy	■ No						
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your residence?	■ No.	Go to	line 12.				
		☐ Yes.	Has yo	our landlord obtaine	d an eviction judgment agains	t you?		
				No. Go to line 12.				
				Voc Fill out Initial	Ctatamant Abantan Friedian	Judgment Against You (Form 101A) and file it as p	oort of	

Debtor 1 Diyrone Solomon

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Deb	otor 1 Diyrone Solomon				Case number (if known)
Par	t 3: Report About Any Bu	ısinesses	You Owr	as a Sole Propriet	or
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	and location of busi	iness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, State	e & ZIP Code
	it to this petition.		Chec	k the appropriate box	x to describe your business:
				Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))
				Commodity Broker	r (as defined in 11 U.S.C. § 101(6))
				None of the above	· · · · · · · · · · · · · · · · · · ·
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?	proceed you are o	under Sul choosing to v stateme	bchapter V so that it o proceed under Sul	court must know whether you are a small business debtor or a debtor choosing to can set appropriate deadlines. If you indicate that you are a small business debtor or bchapter V, you must attach your most recent balance sheet, statement of operations, ne tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C.
	For a definition of small	■ No.	I am r	not filing under Chap	ter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.			11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11.
		☐ Yes.	I am f	iling under Chapter fee to proceed under	11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.
Par	t 4: Report if You Own or	· Have Any	/ Hazardo	ous Property or Any	y Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?	
	public health or safety? Or do you own any property that needs immediate attention?			diate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?	
					Number, Street, City, State & Zip Code

Debtor 1 Diyrone Solomon

Case number (if known)

#### Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 Diyrone Solomon				Case numbe	Case number (if known)			
Part	t 6: Answer These Quest	ions for Re	eporting Purposes					
16.	What kind of debts do you have?	16a.	Are your debts primarily co	onsumer debts? Consumer debts are define sonal, family, or household purpose."	ned in 11 U.S.C. § 101(8) as "incurred by an			
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.		usiness debts? Business debts are debts assument or through the operation of the busi				
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you o	owe that are not consumer debts or busines	s debts			
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter	7. Go to line 18.				
	Do you estimate that after any exempt	☐ Yes.		Do you estimate that after any exempt proparailable to distribute to unsecured creditors?	erty is excluded and administrative expenses			
	property is excluded and administrative expenses		□ No					
	are paid that funds will be available for		□ Yes					
	distribution to unsecured creditors?							
18.	How many Creditors do	<b>1</b> -49		□ 1,000-5,000	☐ 25,001-50,000			
	you estimate that you owe?	☐ 50-99		□ 5001-10,000	□ 50,001-100,000			
	OWC:	<u> </u>		□ 10,001-25,000	☐ More than100,000			
		□ 200-99	99					
19.	How much do you	<b>=</b> \$0 - \$9	50.000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion			
			001 - \$500,000	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
		□ \$500,0	001 - \$1 million	<b>—</b> \$100,000,001 - \$300 Hillion	Li More than \$50 billion			
20.	How much do you	□ \$0 - \$ <del>!</del>	50,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
	estimate your liabilities to be?		01 - \$100,000	□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion			
			001 - \$500,000	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
		□ \$500,0	001 - \$1 million	= \$100,000,001	More than 450 billion			
Part	: 7: Sign Below							
For	you	I have ex	amined this petition, and I ded	clare under penalty of perjury that the inform	nation provided is true and correct.			
				<ul> <li>/, I am aware that I may proceed, if eligible, elief available under each chapter, and I ch</li> </ul>				
				not pay or agree to pay someone who is not e notice required by 11 U.S.C. § 342(b).	an attorney to help me fill out this			
		I request	relief in accordance with the o	chapter of title 11, United States Code, spec	cified in this petition.			
		bankrupto and 3571	cy case can result in fines up	, concealing property, or obtaining money o to \$250,000, or imprisonment for up to 20 y	r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,			
			ne Solomon Solomon	Signature of Debtor	2			
			e of Debtor 1	Signature of Debtor	_			
		Executed	on July 7, 2020	Executed on				
			MM / DD / YYYY	MM	/ DD / YYYY			

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Debtor 1 <u>Diyrone Solomon</u>		Case number (if known)	
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petitio under Chapter 7, 11, 12, or 13 of title 11, United States which the person is cligible. Lales contifut that I is	ates Code, and have explained the relief a	vailable under each chapter

If you are not represented by an attorney, you do not need to file this page.

for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Palmer E. Huffstetler, III Signature of Attorney for Debtor	Date	July 7, 2020 MM / DD / YYYY
Palmer E. Huffstetler, III 47818 Printed name		
Sosna Law Offices, PLLC Firm name		
3031 Zebulon Road Rocky Mount, NC 27804 Number, Street, City, State & ZIP Code		
Contact phone (252) 937-3027	Email address	peh@sosnalaw.com
47818 NC Bar number & State		<u> </u>

Fill	in this informa	ation to identify your	case:				
Del	otor 1	Diyrone Solomon First Name	Middle Name	Last Name			
	otor 2 ouse if, filing)	First Name	Middle Name	Last Name			
Uni	ted States Banl	kruptcy Court for the:	EASTERN DISTRICT O	F NORTH CAROLINA			
Cas	se number						
	nown)						if this is an ded filing
		m 106Sum	and Liabilities ar	nd Certain Statistical Inform	nation		2/15
Be a info you	as complete ar rmation. Fill or r original form	nd accurate as possib ut all of your schedule	le. If two married people es first; then complete th	are filing together, both are equally respective information on this form. If you are filing the box at the top of this page.	onsible for s	supplyin	g correct
						Your as	ssets f what you own
1.		<b>B: Property</b> (Official Fo				\$	40,000.00
	1b. Copy line	62, Total personal prop	perty, from Schedule A/B			\$	9,640.00
	1c. Copy line	63, Total of all property	on Schedule A/B			\$	49,640.00
Par	t 2: Summa	rize Your Liabilities					
							abilities you owe
2.			aims Secured by Property nn A, <i>Amount of claim,</i> at	(Official Form 106D) the bottom of the last page of Part 1 of School	edule D	\$	47,500.00
3.			Unsecured Claims (Officia 1 (priority unsecured claim	l Form 106E/F) s) from line 6e of <i>Schedule E/F</i>		\$	0.00
	3b. Copy the	total claims from Part 2	2 (nonpriority unsecured c	laims) from line 6j of Schedule E/F		\$	4,847.00
				Your total	liabilities \$		52,347.00
Par	t 3: Summa	rize Your Income and	Expenses				
4.		our Income (Official Fombined monthly income		I		\$	1,987.81
5.	Schedule J: \Copy your mo	Your Expenses (Official onthly expenses from line of the contract of the contr	Form 106J) ne 22c of <i>Schedule J</i>			\$	1,673.50
Par	t 4: Answer	These Questions for	Administrative and Stati	stical Records			
6.	-		er Chapters 7, 11, or 13? on this part of the form. Cl	heck this box and submit this form to the co	urt with your o	other sch	edules.
7.	■ Yes What kind of	debt do you have?					
				debts are those "incurred by an individual pr	imarily for a p	ersonal,	family, or

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Diyrone Solomon Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_3,691.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	l claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

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Fill	in this information to identify your case	e and this filing:			
Deb	otor 1 Diyrone Solomon First Name	Middle None			
Deb	otor 2	Middle Name Last Name			
	ouse, if filing) First Name	Middle Name Last Name			
Uni	ted States Bankruptcy Court for the: EA	STERN DISTRICT OF NORTH CAROLINA			
Cas	se number				☐ Check if this is an amended filing
					-
	ficial Form 106A/B				
50	chedule A/B: Proper	ty			12/15
_	o you own or have any legal or equitable into	erest in any residence, building, land, or similar property?			
1.1	183 Haven Drive Street address, if available, or other description	What is the property? Check all that apply  Single-family home  Duplex or multi-unit building	the amount of a	any secured	ims or exemptions. Put I claims on Schedule D: Is Secured by Property.
		Condominium or cooperative			
	Banaka Banida NC 27970	Manufactured or mobile home	Current value		Current value of the
	Roanoke Rapids NC 27870-		entire property \$80.0	y? 000.00	portion you own? \$40,000.00
		☐ Timeshare			our ownership interest
		Other	(such as fee si	imple, tena	ncy by the entireties, or
		Who has an interest in the property? Check one  Debtor 1 only	a life estate), it Fee simple	r known.	
	Halifax	Debtor 2 only			
	County	Debtor 1 and Debtor 2 only	— Chaak if ti	hia ia aamu	
		At least one of the debtors and another	(see instruct		munity property
		Other information you wish to add about this ite property identification number:	em, such as local		
		Tax value: \$62,100.00			
		Tax value: \$62,100.00			

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Diyrone Solomon		se number (ir known)	
Cars, vans, trucks, tractors, sport	tutility vehicles, motorcycles		
1 N			
_			
Yes			
. Males Ford	Who has an interest in the annual O O	Do not deduct secured	claims or exemptions. Put
		the amount of any secu	red claims on Schedule D:
		Current value of the entire property?	Current value of the portion you own?
Other information:		onthio property.	portion you our.
Utility 4D Limited 4WD			
	☐ Check if this is community property	\$5,300.00	\$5,300.00
	(see instructions)		
xamples: Boats, trailers, motors, pe INo IYes	ersonal watercraft, fishing vessels, snowmobiles, motorcycle a	ccessories	
			\$5,300.00
13: Describe Your Personal and Ho	uisehold Items		
			Current value of the portion you own? Do not deduct secured claims or exemptions.
			·
Yes. Describe			
[ <del></del>			
			\$1,000.00
10011114	militare, personal effects, kitchen furniture and appliance		Ψ.,σσσ.σσ
Furnitur	e		\$1,000.00
		s, scanners; music collec	tions; electronic devices
Miscella	aneous electronics		\$500.00
		objects; stamp, coin, or b	paseball card collections;
		clubs, skis; canoes and l	kayaks; carpentry tools;
	ars, vans, trucks, tractors, sport  No Yes  Make: Ford Model: Explorer Year: 2005 Approximate mileage: 1: Other information:  Utility 4D Limited 4WD  Vatercraft, aircraft, motor homes kamples: Boats, trailers, motors, per No Yes  Add the dollar value of the portice trace you have attached for Paris  Bescribe Your Personal and How You own or have any legal or equency  ousehold goods and furnishing Examples: Major appliances, furnite No Yes. Describe  Househ room fur  Furnitur  lectronics Examples: Televisions and radios; including cell phones, come inc	ars, vans, trucks, tractors, sport utility vehicles, motorcycles    No	ars, vans, trucks, tractors, sport utility vehicles, motorcycles    No   Yes

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Debtor 1	Diyrone Solo	mon		Case number (if known)				
		Fishing	g pole			\$30.00		
□ No		s, shotgun	ns, ammunition, and I	related equipment				
		Smith a	and Wesson 40 ca	liber		\$285.00		
□ No		othes, furs	s, leather coats, desi	gner wear, shoes, accessories				
		Clothin	ng			\$500.00		
□ No		welry, cos	stume jewelry, engag	ement rings, wedding rings, heirloom je	ewelry, watches, gems, ς	gold, silver		
		Jewelry	у			\$100.00		
■ No □ Yes.	. Give specific inf	ormation	 our entries from Pa	not already list, including any health art 3, including any entries for pages		\$3,415.00		
	escribe Your Finan wn or have any I			any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.		
☐ No		-		me, in a safe deposit box, and on hand	when you file your petiti	on		
					Cash	\$100.00		
Exam				unts; certificates of deposit; shares in c with the same institution, list each.	credit unions, brokerage l	nouses, and other similar		
□ No ■ Yes.				Institution name:				
		17.1.	Checking	State Employees Credit Unio	on	\$800.00		

Official Form 106A/B

Schedule A/B: Property

page 3

Case 20-02461-5-JNC Doc 1 Filed 07/07/20 Entered 07/07/20 16:15:49 Page 13 of 54 Debtor 1 Divrone Solomon Case number (if known) **SECU** \$25.00 17.2. Savings 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.  $\hfill \square$  Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401 K Prudential Unknown 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No  $\hfill \square$  Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperati

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

■ No

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Debt	or 1 Diyrone Solomon			Case number (if known)	
Part	Describe Any Farm- and Commercial Fishing-Related Proper If you own or have an interest in farmland, list it in Part 1.	rty You O	wn or Have an Interes	t In.	
46. <b>C</b>	o you own or have any legal or equitable interest in any	farm- o	r commercial fishin	g-related property?	
	No. Go to Part 7.			,	
	☐ Yes. Go to line 47.				
Part	7: Describe All Property You Own or Have an Interest in T	hat You [	Did Not List Above		
	Oo you have other property of any kind you did not alread Examples: Season tickets, country club membership  No  Yes. Give specific information	dy list?			
54.	Add the dollar value of all of your entries from Part 7. W  List the Totals of Each Part of this Form	rite that	number here		\$0.00
55.	Part 1: Total real estate, line 2				\$40,000.00
56.	Part 2: Total vehicles, line 5		\$5,300.00		
57.	Part 3: Total personal and household items, line 15	_	\$3,415.00		
58.	Part 4: Total financial assets, line 36	=	\$925.00		
59.	Part 5: Total business-related property, line 45		\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	_	\$0.00		
61.	Part 7: Total other property not listed, line 54	+ _	\$0.00		
62.	Total personal property. Add lines 56 through 61	_	\$9,640.00	Copy personal property to	stal \$9,640.00
63.	Total of all property on Schedule A/B. Add line 55 + line 6	32			\$49,640.00

and if this is an
eck if this is an ended filing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
183 Haven Drive Roanoke Rapids, NC 27870 Halifax County	\$40,000.00		\$30,000.00	N.C. Gen. Stat. § 1C-1601(a)(1)
Tax value: \$62,100.00 Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
2005 Ford Explorer 176,000 miles Utility 4D Limited 4WD	\$5,300.00		\$3,500.00	N.C. Gen. Stat. § 1C-1601(a)(3)
Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
 2005 Ford Explorer 176,000 miles Utility 4D Limited 4WD	\$5,300.00		\$1,800.00	N.C. Gen. Stat. § 1C-1601(a)(2)
Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
Household goods and furnishings, including bedroom furniture, living room	\$1,000.00		\$1,000.00	N.C. Gen. Stat. § 1C-1601(a)(4)
furniture, personal effects, kitchen furniture and appliances Line from <i>Schedule A/B</i> : 6.1			100% of fair market value, up to any applicable statutory limit	
Furniture Line from Schedule A/B: 6.2	\$1,000.00		\$0.00	N.C. Gen. Stat. § 1C-1601(a)(4)
Line nom <i>Schedule AVD</i> . 0.2			100% of fair market value, up to any applicable statutory limit	

tor 1 Diyrone Solomon		Case number (if known)
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.
Miscellaneous electronics Line from Schedule A/B: 7.1	\$500.00	■ \$500.00 N.C. Gen. Stat. § 1C-1601(a)(-
		□ 100% of fair market value, up to any applicable statutory limit
Fishing pole Line from Schedule A/B: 9.1	\$30.00	\$30.00 N.C. Gen. Stat. § 1C-1601(a)(
		□ 100% of fair market value, up to any applicable statutory limit
Smith and Wesson 40 caliber Line from Schedule A/B: 10.1	\$285.00	\$285.00 N.C. Gen. Stat. § 1C-1601(a)(a)
		□ 100% of fair market value, up to any applicable statutory limit
Clothing Line from Schedule A/B: 11.1	\$500.00	\$500.00 N.C. Gen. Stat. § 1C-1601(a)(a)
		□ 100% of fair market value, up to any applicable statutory limit
Jewelry Line from Schedule A/B: 12.1	\$100.00	\$100.00 N.C. Gen. Stat. § 1C-1601(a)(-
		☐ 100% of fair market value, up to any applicable statutory limit
Cash Line from Schedule A/B: 16.1	\$100.00	■ \$100.00 N.C. Gen. Stat. § 1-362
		☐ 100% of fair market value, up to any applicable statutory limit
Checking: State Employees Credit Union	\$800.00	■ \$800.00 N.C. Gen. Stat. § 1-362
Line from Schedule A/B: 17.1		□ 100% of fair market value, up to any applicable statutory limit
Savings: SECU Line from Schedule A/B: 17.2	\$25.00	\$25.00 N.C. Gen. Stat. § 1-362
		□ 100% of fair market value, up to any applicable statutory limit
401 K: Prudential Line from Schedule A/B: 21.1	Unknown	\$0.00 N.C. Gen. Stat. § 1C-1601(a)(s
		□ 100% of fair market value, up to any applicable statutory limit
Texas whole life insurance Line from Schedule A/B: 31.1	\$0.00	\$0.00 N.C. Const. Art. X § 5; N.C. Gen. Stat. § 1C-1601(a)(6)
		□ 100% of fair market value, up to any applicable statutory limit
AFBA two term policies Line from Schedule A/B: 31.2	\$0.00	\$0.00 N.C. Const. Art. X § 5; N.C. Gen. Stat. § 1C-1601(a)(6)
		100% of fair market value, up to any applicable statutory limit

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Del	btor 1	Diyrone Solomon	Case number (if known)	
3.	-	you claiming a homestead exemption of more than \$170,350 ject to adjustment on 4/01/22 and every 3 years after that for case		
		No		
		Yes. Did you acquire the property covered by the exemption wit	hin 1,215 days before you filed this case?	
		□ No		
		☐ Yes		

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Rev. 3/2016

## UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NORTH CAROLINA

IN THE MATTER OF:	CASE NUMBER:
Diyrone Solomon	
Debtor(s).	

#### SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

- I, <u>Diyrone Solomon</u>, claim the following property as exempt pursuant to 11 U.S.C. § 522 and the laws of the State of North Carolina, and nonbankruptcy Federal law: (Attach additional sheets if necessary).
- 1. NCGS 1C-1601(a)(1) (NC Const., Article X, Section 2) REAL OR PERSONAL PROPERTY USED AS A RESIDENCE OR BURIAL PLOT (The exemption is not to exceed \$35,000; however, an unmarried debtor who is 65 years of age or older is entitled to retain an aggregate interest in the property not to exceed \$60,000 in value so long as the property was previously owned by the debtor as a tenant by the entireties or as a joint tenant with rights of survivorship and the former co-owner of the property is deceased, in which case the debtor must specify his/her age and the name of the former co-owner, if a child use initials only, of the property below).

Description of Property and Address	Market <u>Value</u>	1 (02/0000012	Mortgage Holder or Lien Holder	Amount of Mortgage <u>or Lien</u>	Net <u>Value</u>	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(1)
183 Haven Drive Roanoke Rapids, NC 27870 Halifax County Tax value: \$62,100.00	80,000.00		21st Mortgage	46,000.00	17,000.00 50% owned	30,000.00

Debtor's Age:	
Name of former co-owner:	

#### VALUE OF REAL ESTATE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(1): \$ 30,000.00

2. NCGS 1C-1601(a)(3) MOTOR VEHICLE (The exemption in one vehicle is not to exceed \$3,500).

Model, Year Style of Auto	Market <u>Value</u>	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	<u>Lien Holder</u>	Amount of <u>Lien</u>	Net <u>Value</u>	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(3)
2005 Ford Explorer 176,000 miles Utility 4D Limited 4WD	5,300.00				5,300.00	3,500.00

#### VALUE OF MOTOR VEHICLE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(3): \$ 3,500.00

3. NCGS 1C-1601(a)(4) (NC Const., Article X, Section 1) PERSONAL OR HOUSEHOLD GOODS (The debtor's aggregate interest is not to exceed \$5,000 plus \$1,000 for each dependent of the debtor, not to exceed \$4,000 total for dependents). The number of dependents for exemption purposes is 0.

Description of Property	Market <u>Value</u>	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net <u>Value</u>	Claimed as Exempt Pursuant to NCGS 1C-1601(a)(4)
Clothing	500.00				500.00	500.00
Fishing pole	30.00				30.00	30.00
Furniture	1,000.00		Aaron's	1,500.00	0.00	0.00
Household goods and furnishings, including bedroom furniture, living room furniture, personal effects, kitchen furniture and	1,000.00				1,000.00	1,000.00
appliances	,				,	,
Jewelry	100.00				100.00	100.00
Miscellaneous electronics	500.00				500.00	500.00

Schedule C-1 - Property Claimed as Exempt - 3/2016

#### VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(4): \$ 2,130.00

4. NCGS 1C-1601(a)(5) TOOLS OF TRADE (The debtor's aggregate interest is not to exceed \$2,000 in value).

Description	Market <u>Value</u>	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien <u>Holder</u>	Amount of <u>Lien</u>	Net <u>Value</u>	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(5)
-NONE-						

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(5): \$ 0.00

5. NCGS 1C-1601(a)(6) LIFE INSURANCE (NC Const., Article X, Section 5).

Description\Insured\Last Four Digits of Policy Number\Beneficiary(if child, initials only)	Cash Value
AFBA two term policies	0.00
Texas whole life insurance	0.00

6. NCGS 1C-1601(a)(7) PROFESSIONALLY PRESCRIBED HEALTH AIDS (For Debtor or Debtor's Dependents, no limit on value).

Description	
-NONE-	

7. NCGS 1C-1601(a)(8) COMPENSATION FOR PERSONAL INJURY, INCLUDING COMPENSATION FROM PRIVATE DISABILITY POLICIES OR ANNUITIES, OR COMPENSATION FOR DEATH OF A PERSON UPON WHOM THE DEBTOR WAS DEPENDENT FOR SUPPORT. COMPENSATION NOT EXEMPT FROM RELATED LEGAL, HEALTH OR FUNERAL EXPENSE.

Description AND Source of Compensation, Including Name (If child, initials only) & Last Four Digits of Account Number of any Disability Policy/Annuity -NONE-

8. NCGS 1C-1601(a)(2) ANY PROPERTY (Debtor's aggregate interest in any property is not to exceed \$5,000 in value of any unused exemption amount to which the debtor is entitled under NCGS 1C-1601(a)(1)).

Description of Property and Address  2005 Ford Explorer 176,000 miles Utility 4D Limited	Market <u>Value</u> 5,300.00	(J)Joint	Lien Holder	Amount of Lien	Net <u>Value</u> 5,300.00	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(2) 1,800.00
4WD Smith and Wesson 40 caliber	285.00				285.00	285.00

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(2): \$ 2,085.00

9. NCGS 1C-1601(a)(9) and 11 U.S.C. § 522 INDIVIDUAL RETIREMENT PLANS & RETIREMENT FUNDS, as defined in the Internal Revenue Code, and any plan treated in the same manner as an individual retirement plan, including individual retirement accounts and Roth retirement accounts as described in §§ 408(a) and 408A of the Internal Revenue Code, individual retirement annuities as described in § 408(b) of the Internal Revenue Code, accounts established as part of a trust described in § 408(c) of the Internal Revenue Code, and funds in an account exempt from taxation under § 401, 403, 408, 408A, 414, 457, or 510(a) of the Internal Revenue Code. For purposes of this subdivision, "Internal Revenue Code" means Code as defined in G.S. 105-228.90.

Type of Account\Location of Account\Last Four Digits of Account Number

401 K: Prudential

10. NCGS 1C-1601(a)(10) FUNDS IN A COLLEGE SAVINGS PLAN, as qualified under § 529 of the Internal Revenue Code, and that are not otherwise excluded from the estate pursuant to 11 U.S.C. §§ 541(b)(5)-(6), (e), not to exceed a cumulative limit of \$25,000. If funds were placed in a college savings plan within the 12 months prior to filing, the contributions must have been made in the ordinary course of the debtor's financial affairs and must have been consistent with the debtor's past pattern of contributions. The exemption applies to funds for a child of the debtor that will actually be used for the child's college or university expenses.

College Savings Plan\Last Four Digits of Account Number\Value\Initials of Child Beneficiary
-NONE-

11. NCGS 1C-1601(a)(11) RETIREMENT BENEFITS UNDER THE RETIREMENT PLANS OF OTHER STATES AND GOVERNMENTAL UNITS OF OTHER STATES (The debtor's interest is exempt only to the extent that these benefits are exempt under the laws of the state or governmental unit under which the benefit plan is established).

Name of Retirement Plan\State Governmental Unit\Last Four Digits of Identifying Number
-NONE-

12. NCGS 1C-1601(a)(12) ALIMONY, SUPPORT, SEPARATE MAINTENANCE, AND CHILD SUPPORT PAYMENTS OR FUNDS THAT HAVE BEEN RECEIVED OR TO WHICH THE DEBTOR IS ENTITLED (The debtor's interest is exempt to the extent the payments or funds are reasonably necessary for the support of the debtor or any dependent of the debtor).

/pe of Support\Amount\Location of Funds	
po or culphorty uncurrent or t undo	
IONE-	
IONE-	

13. TENANCY BY THE ENTIRETY. The following property is claimed as exempt pursuant to 11 U.S.C. § 522 and the law of the State of North Carolina pertaining to property held as tenants by the entirety.

Description of	Market	Lien	Amount	Net
Property and Address	<u>Value</u>	<u>Holder</u>	of Lien	<u>Value</u>
-NONE-				

VALUE CLAIMED AS EXEMPT: \$ 0.00

14. NORTH CAROLINA PENSION FUND EXEMPTIONS

-NONE-	

15. OTHER EXEMPTIONS CLAIMED UNDER LAWS OF THE STATE OF NORTH CAROLINA

a.	Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. § 1-362	100.00
b.	Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. § 1-362	800.00
c.	Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. § 1-362	25.00

16. FEDERAL PENSION FUND EXEMPTIONS

-NONE-	

17. OTHER EXEMPTIONS CLAIMED UNDER NONBANKRUPTCY FEDERAL LAW

ĺ	-NONE-	

- 18. RECENT PURCHASES
- (a). List tangible personal property purchased by the debtor within ninety (90) days of the filing of the bankruptcy petition.

<u>Description</u>	Market <u>Value</u>	Lien <u>Holder</u>	Amount of Lien	Net <u>Value</u>
-NONE-				

(b). List any tangible personal property from 18(a) that is directly traceable to the liquidation or conversion of property that may be exempt and that was not acquired by transferring or using additional property.

Description of Replacement Property	Description of Property Liquidated or Converted that May Be Exempt

- 19. The debtor's property is subject to the following claims:
- a. Of the United States or its agencies as provided by federal law.
- b. Of the State of North Carolina or its subdivisions for taxes, appearance bonds or fiduciary bonds;
- Of a lien by a laborer for work done and performed for the person claiming the exemption, but only as to the specific property affected. C.
- Of a lien by a mechanic for work done on the premises, but only as to the specific property affected. d.
- For payment of obligations contracted for the purchase of specific real property affected. e.
- For contractual security interests in specific property affected; provided, that the exemptions shall apply to the debtor's household goods f. notwithstanding any contract for a nonpossessory, nonpurchase money security interest in any such goods.
- g. For statutory liens, on the specific property affected, other than judicial liens.
- For child support, alimony or distributive award order pursuant to Chapter 50 of the General Statutes of North Carolina. h.
- For criminal restitution orders docketed as civil judgments pursuant to G.S. 15A-1340.38. i.
- Debts of a kind specified in 11 U.S.C. § 523(a)(1) (certain taxes), (5) (domestic support obligations). j.
- Debts of a kind specified in 11 U.S.C. § 522(c). k.

Claimant	Nature of	Amount of	Description of	Value	Net
	Claim	Claim	Property	of Property	<u>Value</u>
-NONE-					

None of the property listed in paragraph 18(a), except qualified replacement property under 18(b), has been included in this claim of exemptions.

None of the claims listed in paragraph 19 is subject to this claim of exemptions.

I declare that to the extent any exemptions I have claimed appear on its face to exceed the amount allowed by the applicable statute, I claim only the maximum amount allowed by statute.

#### UNSWORN DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF INDIVIDUAL TO SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

I, <u>Diyrone Solomon</u> , declare under penalty of perjury	y that I have read the foregoing Schedule C-1 - Property Claimed as Exempt,					
onsisting of 4 sheets, and that they are true and correct to the best of my knowledge, information and belief.						
Executed on: July 7, 2020	/s/ Diyrone Solomon					
	Diyrone Solomon					
	Debtor					

Fill in this information to identify:	V2117 2222			
Fill in this information to identify	your case:			
Debtor 1 Diyrone Solon	non			
First Name	Middle Name Last Name			
Debtor 2 (Spouse if, filing) First Name	Middle Name Last Name			
United States Bankruptcy Court for t	the: EASTERN DISTRICT OF NORTH CAROL	INA		
Case number				
(if known)				if this is an led filing
Official Form 106D				
Official Form 106D				
Schedule D: Credito	rs Who Have Claims Secure	ed by Propert	У	12/15
	ole. If two married people are filing together, both are I it out, number the entries, and attach it to this form.			
1. Do any creditors have claims secure	d by your property?			
☐ No. Check this box and subm	nit this form to the court with your other schedules.	You have nothing else t	o report on this form.	
Yes. Fill in all of the informati	•	· ·	•	
	on below.			
Part 1: List All Secured Claims		. Column A	Column B	Column C
for each claim. If more than one creditor	as more than one secured claim, list the creditor separate has a particular claim, list the other creditors in Part 2. As betical order according to the creditor's name.	ely	Value of collateral that supports this claim	Unsecured portion
2.1 21st Mortgage	Describe the property that secures the claim:	\$46,000.00	\$80,000.00	\$0.00
Creditor's Name	183 Haven Drive Roanoke Rapids, NC 27870 Halifax County Tax value: \$62,100.00			
PO Box 477	As of the date you file, the claim is: Check all that apply.			
Knoxville, TN 37901	□ Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or s	secured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another				
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number 260(	)		
2.2 Aaron's	Describe the property that secures the claim:	\$1,500.00	\$1,000.00	\$500.00
Creditor's Name	Furniture			
440.0 11 1.5 1				
112 Cardinal Drive Roanoke Rapids, NC	As of the date you file, the claim is: Check all that			
27870	apply.			
Number, Street, City, State & Zip Code	_ ☐ Contingent ☐ Unliquidated			
Number, Street, Sity, State & Zip Gode	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	■ An agreement you made (such as mortgage or s	secured		
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another				
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			

Official Form 106D

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Debtor 1	Diyrone Solomon	1		Case number (if known)	
	First Name	Middle Name	Last Name		
Add the	dollar value of your er	ntries in Column A on this pa	ge. Write that number here:	\$47,500.	00
	the last page of your f at number here:	form, add the dollar value tot	als from all pages.	\$47,500.	00

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

								•		
Filli	in this infor	mation to identify your	case:							
Deb	tor 1	Diyrone Solomon								
200		First Name	Middle Name	e La	st Name					
	tor 2									
(Spot	use if, filing)	First Name	Middle Name	e La	st Name					
Unit	ed States Ba	ankruptcy Court for the:	EASTERN DIS	STRICT OF NORTH	CAROLINA					
Cas	e number									
(if kno	own)							heck i	f this is an	
							а	mende	ed filing	
Off:	icial Earr	n 106E/F								
		/F: Creditors W	ho Havo II	Insocured Cl	aime				12/15	
		d accurate as possible. Us				ar araditara with NON	DDIODITY ala:			
eft. A	Attach the Cor	tors Who Have Claims Sec ntinuation Page to this pag mber (if known).								
Part	1: List A	II of Your PRIORITY Un	secured Claims	3						
1.	Do any credit	ors have priority unsecure	d claims against y	ou?						
	☐ No. Go to F	Part 2.								
	Yes.									
i I	identify what ty possible, list th	r priority unsecured claims upe of claim it is. If a claim hat the claims in alphabetical order than one creditor holds a pa	as both priority and er according to the	nonpriority amounts, lis creditor's name. If you h	t that claim here a nave more than tw	and show both priority a	nd nonpriority a	mounts	s. As much as	3
(	(For an explan	ation of each type of claim, s	see the instructions	for this form in the instr	ruction booklet.)					
						Total claim	Priority amount		Nonpriority amount	
2.1	Internal	Revenue Service	Last	4 digits of account nu	ımber	\$0.00		0.00		00.08
		reditor's Name		•			<del>_</del>			70.00
	PO Box		Whe	n was the debt incurre	ed? 		-			
		Iphia, PA 19101-7346 Street City State Zip Code	As of	f the date you file, the	claim is: Check a	all that apply				
		d the debt? Check one.	□с	ontingent						
	Debtor 1	only	Пυ	Inliquidated						
	Debtor 2	only	□р	risputed						
	Debtor 1	and Debtor 2 only	Туре	of PRIORITY unsecu	red claim:					
	☐ At least o	ne of the debtors and anothe	er 🗖 D	omestic support obligat	ions					
		this claim is for a commur	_	axes and certain other	debts you owe the	government				
		subject to offset?	· _	laims for death or perso	•	•				
	■ No		<b>□</b> o	ther. Specify	•					
	☐ Yes			Notice	only					

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Debtor 1 Diyrone Solomon	Case number (if known)					
2.2 NC Bankruptcy Reporting Contact Priority Creditor's Name NC Child Support Enforcement PO Box 20800 Raleigh, NC 27619-0800	Last 4 digits of account number \$0.00  When was the debt incurred?	\$0.00	\$0.00			
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
Who incurred the debt? Check one.	☐ Contingent					
Debtor 1 only	☐ Unliquidated					
Debtor 2 only	Disputed					
☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:					
☐ At least one of the debtors and another	■ Domestic support obligations					
☐ Check if this claim is for a community debt	☐ Taxes and certain other debts you owe the government					
Is the claim subject to offset?	$\square$ Claims for death or personal injury while you were intoxicated					
■ No	Other. Specify					
Yes	Domestic support obligation					
North Carolina Dept. of Revenue Priority Creditor's Name	Last 4 digits of account number\$0.00	\$0.00	\$0.00			
Bankruptcy Section PO Box 1168	When was the debt incurred?					
Raleigh, NC 27640-1168  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
Who incurred the debt? Check one.	☐ Contingent					
Debtor 1 only	☐ Unliquidated					
Debtor 2 only	☐ Disputed					
☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:					
☐ At least one of the debtors and another	☐ Domestic support obligations					
☐ Check if this claim is for a community debt	■ Taxes and certain other debts you owe the government					
Is the claim subject to offset?	$\square$ Claims for death or personal injury while you were intoxicated					
■ No	Other. Specify					
Yes	Notice only					
Z.4 Themedia Buffaloe Priority Creditor's Name	Last 4 digits of account number\$0.00	\$0.00	\$0.00			
1212 Russell Street Rocky Mount, NC 27801	When was the debt incurred?					
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
_	Contingent					
■ Debtor 1 only	Unliquidated					
Debtor 2 only	Disputed					
☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:					
At least one of the debtors and another	■ Domestic support obligations					
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated —					
■ No □ Yes	Other. Specify Domestic support obligation					
	Domestic support obligation					
Part 2: List All of Your NONPRIORITY Unsec						
3. Do any creditors have nonpriority unsecured clair						
☐ No. You have nothing to report in this part. Submi	this form to the court with your other schedules.					
Yes.						

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of

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Debtor 1	Diyrone S	olomon		Case n	umber (if known)		
Part 2	2.						
						Total c	laim
	Capital One		Last 4 digits of account number	0217	·		\$381.00
	Nonpriority Cree PO Box 850		When was the debt incurred?				
	Richmond, \	-					
		City State Zip Code	As of the date you file, the claim	is: Chec	k all that apply		
	_	the debt? Check one.					
	Debtor 1 on		☐ Contingent				
	Debtor 2 on	,	☐ Unliquidated				
	_	d Debtor 2 only	Disputed				
	_	of the debtors and another	Type of NONPRIORITY unsecure	∌d claim:			
	☐ Check if thi debt	is claim is for a community	☐ Student loans				
		bject to offset?	Obligations arising out of a sep report as priority claims	aration a	greement or divorce that yo	u did not	
	■ No	•	☐ Debts to pension or profit-shari	ing plans,	and other similar debts		
	□ Yes		■ Other. Specify Credit card	01			
			Otner. Specify				
4.2	Lendmark		Last 4 digits of account number	3699			\$4,466.00
	Nonpriority Cre		When was the debt incurred?				
	269 Premiei Roanoke Ra	apids, NC 27870	when was the debt incurred?				
		City State Zip Code	As of the date you file, the claim	is: Chec	k all that apply		
,	Who incurred	the debt? Check one.					
	Debtor 1 on	ly	☐ Contingent				
	Debtor 2 on	ly	☐ Unliquidated				
	Debtor 1 an	d Debtor 2 only	☐ Disputed				
	At least one	of the debtors and another	Type of NONPRIORITY unsecure	ed claim:			
		is claim is for a community	Student loans				
	debt Is the claim su	bject to offset?	Obligations arising out of a sep report as priority claims	aration a	greement or divorce that yo	u did not	
	■ No	,	Debts to pension or profit-shari	ing plans.	and other similar debts		
	☐ Yes		·		and outer chimal doors		
'	L res		Other. Specify Personal Id	<i>-</i>			
Part 3:	List Others	s to Be Notified About a Del	ot That You Already Listed				
5. Use this	s page only if	you have others to be notified a	bout your bankruptcy, for a debt that				
			meone else, list the original creditor i t you listed in Parts 1 or 2, list the add				
		in Parts 1 or 2, do not fill out o			, , , , , , , , , , , , , , , , , , , ,		,
	d Address		On which entry in Part 1 or Part 2 did yo		-		
	Recovery rprate Blvd.			_	Creditors with Priority Unse		
	, VA 23502-			Part 2:	Creditors with Nonpriority I	Jnsecured Claims	
·			Last 4 digits of account number				
Part 4:	Add the A	mounts for Each Type of Un	secured Claim				
			ms. This information is for statistical	reporting	nurnoses only 28 H S C	: 8159 Add the arr	nounts for each
	unsecured cla		ilis. Tilis illiotillation is for statistical	reporting	purposes only. 20 0.3.0	. 9139. Add the am	lounts for each
					Total Claim		
	6a.	Domestic support obligations	<b>i</b>	6a.	\$	0.00	
Total claims						<u>_</u>	
from Par	<b>t 1</b> 6b.	Taxes and certain other debts	you owe the government	6b.	\$	0.00	
	6c.	•	njury while you were intoxicated	6c.	\$	0.00	
	6d.	Other. Add all other priority uns	ecured claims. Write that amount here.	6d.	\$	0.00	
		Total Bulantes A LUE - C - C		•		0.00	
	6e.	Total Priority, Add lines 6a thro	ouan 6a.	6e.	1 %	0.00	

### Debtor 1 Diyrone Solomon

	6f.	Student loans
Total claims		
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims
	6h.	Debts to pension or profit-sharing plans, and other similar debts
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.
	6j.	Total Nonpriority. Add lines 6f through 6i.

#### Case number (if known)

	Total Claim	
6f.	\$ 0.00	
6g.	\$ 0.00	
6h.	\$ 0.00	
6i.	\$ 4,847.00	
6j.	\$ 4,847.00	

Fill in this infor	mation to identify your	case:		
Debtor 1	Diyrone Solomon			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	DF NORTH CAROLINA	
Case number (if known)				☐ Check if this is an amended filing

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
<ul><li>2.1 Aaron's</li><li>112 Cardinal Drive</li><li>Roanoke Rapids, NC 27870</li></ul>	Lease of household goods

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					_
Fill in this info	ormation to identify your c	ase:			
Debtor 1	Diyrone Solomon				
Dahtar 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	EASTERN DISTRICT O	F NORTH CAROLINA		
Case number					
(if known)					☐ Check if this is an amended filing
Schedul	orm 106H e H: Your Code		ts you may have. Be as	complete and accu	12/15
people are filin fill it out, and n	g together, both are equa	lly responsible for supp ooxes on the left. Attach	lying correct information the Additional Page to	n. If more space is	needed, copy the Additional Page, pp of any Additional Pages, write
1. Do you	have any codebtors? (If ye	ou are filing a joint case, o	do not list either spouse as	s a codebtor.	
□ No ■ Yes					
	he last 8 years, have you alifornia, Idaho, Louisiana, I				rty states and territories include .)
■ No. Go	to line 3.				
☐ Yes. Did	d your spouse, former spous	se, or legal equivalent live	with you at the time?		
in line 2 a	gain as a codebtor only if D), Schedule E/F (Official I	that person is a guarant	tor or cosigner. Make su	re you have listed	ng with you. List the person show the creditor on Schedule D (Officia , Schedule E/F, or Schedule G to f
	mn 1: <b>Your codebtor</b> , Number, Street, City, State and ZIP	Code		Column 2: The concept Check all schedu	reditor to whom you owe the debt les that apply:
3.1 Lind	la Solomon			■ Schedule D, □ Schedule E/I □ Schedule G 21st Mortgage	=, line

Schedule H: Your Codebtors

Official Form 106H Software Copyright (c) 1996-2020 Best Case, LLC - www.bestcase.com

Fill	in this information	to identify your ca	ase:							
Del	otor 1	Diyrone Solo	mon			_				
	otor 2 buse, if filing)					_				
Uni	ted States Bankru	ptcy Court for the	EASTERN DISTRICT	OF NORTH CAROLIN	IA	_				
(If kr	se number	n 106l					13 income	ed filing ent showing postpe as of the following		
	chedule I:		nme				MM / DD/ `	YYYY	12/15	
sup spo	plying correct inf use. If you are se ch a separate she	ormation. If you parated and you	ible. If two married peo are married and not filin r spouse is not filing wi On the top of any additio	ng jointly, and your s th you, do not includ	oouse i e infori	is livir matio	ng with you, incl n about your sp	lude information a ouse. If more spa	about your ce is needed,	
1.	Fill in your emp	loyment		Debtor 1			Debtor	2 or non-filing spo	ouse	
	If you have more		Employment status*	■ Employed			☐ Emp	☐ Employed		
	attach a separate information about		Employment status	☐ Not employed			☐ Not €	☐ Not employed		
	employers.		Occupation	Deputy Sheriff						
	Include part-time self-employed w		Employer's name	Halifax County						
	Occupation may or homemaker, i		Employer's address	PO Box 36 Halifax, NC 27839	)					
			How long employed th		chmen	t for A	dditional Emplo	oyment Informatio	o <mark>n</mark>	
Par	ct 2: Give De	etails About Mon	thly Income							
	mate monthly incuse unless you are		ate you file this form. If y	ou have nothing to re	oort for	any lir	ne, write \$0 in the	e space. Include yo	ur non-filing	
	ou or your non-filing e space, attach a s		re than one employer, co	mbine the information	for all e	employ	vers for that pers	on on the lines belo	w. If you need	
							For Debtor 1	For Debtor 2 o	-	
2.			ry, and commissions (be calculate what the monthly		2.	\$_	3,426.00	\$	N/A	
3.	Estimate and lis	st monthly overti	me pay.		3.	+\$_	0.00	+\$	N/A	
4.	Calculate gross	s Income. Add lin	e 2 + line 3.		4.	\$_	3,426.00	\$N	<u>'A</u>	

Official Form 106I Schedule I: Your Income page 1

Debte	or 1	Diyrone Solomon		С	ase number (if kr	nown)			
	Cor	by line 4 here	4.		For Debtor 1	. 00		Debtor 2 or -filing spouse N/A	
E	·		''		Ψ <u> </u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Ψ		
5.		all payroll deductions:	<b>-</b> -		ф <b>5</b> 0.		Φ.	<b>N</b> 1/A	
	5a. 5b.	Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans	5a 5b			1.04 5.56	\$ \$	N/A N/A	
	5c.	Voluntary contributions for retirement plans	5c		ː — — — — · · ·	0.00	\$ 	N/A N/A	
	5d.	Required repayments of retirement fund loans	5d		·	5.76	\$—	N/A	
	5e.	Insurance	5e			).83	\$_	N/A	
	5f.	Domestic support obligations	5f.		·	2.00	\$	N/A	
	5g.	Union dues	5g	J.	\$	0.00	\$	N/A	
	5h.	Other deductions. Specify:	5h	1.+	\$	0.00	+ \$	N/A	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	,	1,618	3.19	\$	N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	1,807	7.81	\$	N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a			0.00	\$	N/A	
	8b.	Interest and dividends	8b	).	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a depend regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c			0.00	\$	N/A	
	8d.	Unemployment compensation	8d			0.00	\$	N/A	
	8e.	Social Security	8e	<del>)</del> .	\$	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistathat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.			0.00	\$	N/A	
	8g.	Pension or retirement income	8g	J.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify:  Part-time employment at funeral home	8h	1.+	\$180	0.00	+ \$	N/A	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	180	0.00	\$	N/A	
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	1,987.81	+ \$		N/A = \$	1,987.81
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			,				,
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Scheoude contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are cify:	our depe		.,		•	Schedule J. 11. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The te that amount on the Summary of Schedules and Statistical Summary of Colies						12. \$	1,987.81
13.	`	you expect an increase or decrease within the year after you file this fo No.	orm?					Combine monthly	
		Yes. Explain: Debtor will increase hours at part-time job to help	make e	end	s meet. Debto	or ma	av also	receive a raise	at his

Official Form 106I Schedule I: Your Income page 2

full-time job.

Debtor 1	Diyrone Solomon	Case number (if known)	
----------	-----------------	------------------------	--

# Official Form B 6l Attachment for Additional Employment Information

Debtor	
Occupation	Staff Member
Name of Employer	HD Pope Funeral Home
How long employed	20 years
Address of Employer	520 Smith Church Road
	Roanoke Rapids, NC 27870

Official Form 106l Schedule I: Your Income page 3

Fill	in this informa	ation to identify yo	our case:						
Deb	otor 1	Diyrone Solo	mon			Ch	eck if thi	s is:	
Dob	otor 2							nended filing	
	ouse, if filing)	-							ving postpetition chapter the following date:
Unit	ed States Bankı	ruptcy Court for the	: EASTE	RN DISTRICT OF NORTH	CAROLINA		MM / I	DD / YYYY	
	e number nown)								
Oi	fficial Fo	rm 106J							
Sc	chedule	J: Your	Exper	ises					12/15
Be info nur	as complete a complete	and accurate as	possible eded, atta ry questio	If two married people are ch another sheet to this t					
1.	Is this a joir		,,,oid						
	■ No. Go to	o line 2. es Debtor 2 live i	in a separ	ate household?					
	□N		•						
	□Y	es. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	hold of De	ebtor 2.		
2.	Do you have	e dependents?	■ No						
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		De ag	ependent's e	Does dependent live with you?
	Do not state	the							□ No
	dependents	names.							☐ Yes
									□ No
									☐ Yes
									□ No □ Yes
									□ No
									☐ Yes
3.		penses include		No					
		f people other to d your depende	han $_{m \Box}$	Yes					
Est exp	imate your ex		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp					
the		h assistance an		government assistance it luded it on <i>Schedule I:</i> Y				Your expe	enses
4.		or home owners		ses for your residence. In	nclude first mortgage	e 4.	\$		0.00
	. ,	ded in line 4:	G : 3.1.2.0						
	4a. Real e	estate taxes				4a.	\$		0.00
		erty, homeowner's	s, or renter	's insurance		4b.	· —		73.50
	•	•		ipkeep expenses		4c.	: —		50.00
_		owner's associat				4d.	·		0.00
5.	Additional r	mortgage payme	ents for yo	<b>our residence</b> , such as hor	me equity loans	5.	\$		0.00

Deb	otor 1	Diyrone Solomon	Case num	nber (if known)	
•	11/22/2				
6.	Utilit 6a.	ies: Electricity, heat, natural gas	6a.	¢	287.00
	6b.		6b.	· ·	
		Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services		· : ———	43.00
	6c.		6c.	· :	125.00
-	6d.	Other. Specify:	6d.	· -	0.00
7.		I and housekeeping supplies	7.	· <u> </u>	260.00
8.		dcare and children's education costs	8.	· <u> </u>	0.00
9.		ning, laundry, and dry cleaning	9.	· -	100.00
		onal care products and services	10.	· <u> </u>	100.00
11.		cal and dental expenses	11.	\$	100.00
12.		sportation. Include gas, maintenance, bus or train fare.	12.	\$	260.00
13		ot include car payments. rtainment, clubs, recreation, newspapers, magazines, and books	13.	·	50.00
		itable contributions and religious donations	14.	·	
	Insur	<u> </u>	14.	Φ	0.00
15.		ot include insurance deducted from your pay or included in lines 4 or 20.			
		Life insurance	15a.	\$	84.00
		Health insurance	15b.	·	4.00
		Vehicle insurance	15b.	*	137.00
		Other insurance. Specify:	15d.	· <u> </u>	0.00
16		s. Do not include taxes deducted from your pay or included in lines 4 or 20.		Ψ	0.00
10.	Spec		16.	\$	0.00
17		Illment or lease payments:		Ψ	0.00
		Car payments for Vehicle 1	17a.	\$	0.00
		Car payments for Vehicle 2	17b.	*	0.00
		Other. Specify:	17c.	· <u> </u>	0.00
		Other. Specify:	17d.	·	0.00
18		payments of alimony, maintenance, and support that you did not report as		Ψ	0.00
		icted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.		r payments you make to support others who do not live with you.		\$	0.00
	Spec	ify:	19.		
20.	Othe	r real property expenses not included in lines 4 or 5 of this form or on Sche	dule I: Yo	our Income.	
	20a.	Mortgages on other property	20a.	\$	0.00
	20b.	Real estate taxes	20b.	\$	0.00
	20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e.	Homeowner's association or condominium dues	20e.	\$	0.00
21.	Othe	r: Specify:	21.	+\$	0.00
22.		ulate your monthly expenses			
		Add lines 4 through 21.		\$	1,673.50
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	1,673.50
22	Calc	ulate your monthly net income.			
25.		Copy line 12 (your combined monthly income) from Schedule I.	23a.	¢	1,987.81
		Copy your monthly expenses from line 22c above.	23a. 23b.	*	
	۷۵۵.	Copy your monthly expenses nonline 226 above.	۷۵۵.	-φ	1,673.50
	23c	Subtract your monthly expenses from your monthly income.			
	236.	The result is your <i>monthly net income</i> .	23c.	\$	314.31
24.	Do y	ou expect an increase or decrease in your expenses within the year after yo	u file this	s form?	
		xample, do you expect to finish paying for your car loan within the year or do you expect your	mortgage	payment to increase	or decrease because of a
		ication to the terms of your mortgage?			
	■ No				
	$\square \vee$	Evolain here:			

Fill in this	information to identify your	case:			
Debtor 1	Diyrone Solomon				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filir	ng) First Name	Middle Name	Last Name		
United Sta	tes Bankruptcy Court for the:	EASTERN DISTRICT C	F NORTH CAROLINA		
Case numb	per				
(if known)					heck if this is an
				a	mended filing
If two marr You must f obtaining r		r, both are equally respo ile bankruptcy schedules n connection with a banl	nsible for supplying corrects		
	Sign Below				
Did y	ou pay or agree to pay some	eone who is NOT an atto	rney to help you fill out bar	nkruptcy forms?	
<b>I</b>	No				
	Yes. Name of person			Attach Bankruptcy Petiti Declaration, and Signatu	
				200.a.a.o, aa oignat	
	penalty of perjury, I declare ney are true and correct.	that I have read the sum	mary and schedules filed	with this declaration and	
<b>X</b> /s	/ Diyrone Solomon		X		
	iyrone Solomon		Signature of De	ebtor 2	
	gnature of Debtor 1		-		
Da	ate July 7, 2020		Date		

_		ation to identify you				
De	btor 1	Diyrone Solomon	Middle Name	Last Name		
De	btor 2					
(Sp	ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Bar	kruptcy Court for the:	EASTERN DISTRICT OF	NORTH CAROLINA		
	se number					Check if this is an
						amended filing
	ficial For		Affairs for Indivi	duals Filing for B	ankruptcy	4/19
info	rmation. If m		attach a separate sheet to		equally responsible for sup additional pages, write you	
Pa	rt 1: Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1.	What is your	current marital statu	ıs?			
	<ul><li>■ Married</li><li>□ Not married</li></ul>	ried				
2.	During the la	st 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. List	all of the places you l	ived in the last 3 years. Do no	ot include where you live now	٠.	
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
<b>3.</b> stat					ity property state or territor co, Texas, Washington and V	
	■ No □ Yes. Ma	ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Pa	rt 2 Explain	n the Sources of You	r Income			
4.	Fill in the tota	I amount of income yo	u received from all jobs and a	g a business during this yeall businesses, including partetogether, list it only once ur		ndar years?
	□ No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until I for bankruptcy:	■ Wages, commissions, bonuses, tips	\$21,363.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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De	ebtor 1	Diy	rone Solo	mon		Case	e number (if known)	
					Debtor 1		Debtor 2	
					Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
			dar year: December	31, 2019 )	■ Wages, commissions, bonuses, tips	\$30,468.00	☐ Wages, commissions, bonuses, tips	
					☐ Operating a business		☐ Operating a business	
			dar year be December		■ Wages, commissions, bonuses, tips	\$30,000.00	☐ Wages, commissions, bonuses, tips	
					☐ Operating a business		☐ Operating a business	
		each s	•	the gross inco	se and you have income that yome from each source separa	_	•	
					Debtor 1		Debtor 2	
					Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
			dar year: December	31. 2019 )	Contract/1099 Work	\$7,926.00		
		,		,,				
Pa	art 3:	List	Certain Pa	yments You	Made Before You Filed for	Bankruptcy		
6.	Are □	<b>eithe</b> r No.	Neither De	ebtor 1 nor [	's debts primarily consumer Debtor 2 has primarily consumer personal, family, or househo	ımer debts. Consumer debt	s are defined in 11 U.S.C. § 10	1(8) as "incurred by an
				90 days befo	ore you filed for bankruptcy, di	d you pay any creditor a tota	I of \$6,825* or more?	
			□ <sub>No.</sub>	Go to line 7				
			☐ Yes	paid that cr not include	editor. Do not include paymer payments to an attorney for the	nts for domestic support oblig nis bankruptcy case.	n one or more payments and to ations, such as child support a or after the date of adjustment	ind alimony. Also, do
		Yes.			or both have primarily consu		I of \$600 or more?	
			□ <sub>No.</sub>	Go to line 7	,			
			■ Yes	List below include pay	each creditor to whom you pai		I the total amount you paid tha port and alimony. Also, do not i	

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Case number (if known)

	Creditor's Name and Address	Dates of payment	Total amount	Amount you still owe	Was this pa	yment for
	21st Mortgage PO Box 477 Knoxville, TN 37901	June 2020	\$721.00	\$46,000.00	■ Mortgage □ Car □ Credit Ca □ Loan Rep □ Suppliers □ Other	ard payment
7.	Within 1 year before you filed for bankruptour Insiders include your relatives; any general particle of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	ortners; relatives of any gen control, or owner of 20% of	eral partners; partner r more of their voting	erships of which yo g securities; and a	ou are a genera ny managing a	al partner; corporations gent, including one for
	<ul><li>No</li><li>☐ Yes. List all payments to an insider.</li></ul>					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos  No Yes. List all payments to an insider		ments or transfer a	any property on a	ccount of a de	ebt that benefited an
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment
Par	t 4: Identify Legal Actions, Repossession	as and Faraslasuras	paid	Still OWE	include cred	itor s name
9.	Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes.	cy, were you a party in ar				
	Yes. Fill in the details.  Case title	Nature of the case	Court or agency		Status of th	e case
	Case number			_		
	In the Matter of the Foreclosure v Diyrone Solomon 20 SP 52	Foreclosure	Halifax County ( 357 Ferrell Land Halifax, NC 278	e	■ Pending □ On appeal □ Concluded	
					Hearing da	te: 07/23/2020
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.		erty repossessed, f	oreclosed, garnis	shed, attached	I, seized, or levied?
	Creditor Name and Address	Describe the Property		Date		Value of the
		Explain what happened	i			property

Debtor 1 Diyrone Solomon

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Official Form 107

\$153.00 attorney's fees; \$347.00 costs

\$500.00

Palmer E. Huffstetler, III

Sosna Law Offices, PLLC 3031 Zebulon Rd. Rocky Mount, NC 27804 peh@sosnalaw.com

17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.  No  Yes. Fill in the details.								
	Person Who Was Paid Address	Description and value of any property transferred		erty	Date payment or transfer was made	Amount of payment			
	Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus include both outright transfers and transfers made include gifts and transfers that you have already I  No Yes. Fill in the details.  Person Who Received Transfer	siness or financial affai e as security (such as th	irs? ne granting of a so	ecurity interest		,			
	Address Person's relationship to you	property transferre	ed	payments r	eceived or debts hange	made			
19.	Within 10 years before you filed for bankruptc beneficiary? (These are often called asset-prote  No  Yes. Fill in the details.		property to a s	elf-settled trus	st or similar device of	which you are a			
	Name of trust	Description and va	alue of the prope	erty transferre	d	Date Transfer was made			
Par	8: List of Certain Financial Accounts, Instr	ruments, Safe Deposit	Boxes, and Stor	rage Units					
	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associa  No Yes. Fill in the details.	other financial accoun	ts; certificates o	of deposit; sha		, ,			
		ast 4 digits of account number	Type of accountinstrument	clos	e account was sed, sold, ved, or sferred	Last balance before closing or transfer			
21.	Do you now have, or did you have within 1 yes cash, or other valuables?  No Yes. Fill in the details.	ar before you filed for	bankruptcy, any	safe deposit	box or other deposite	ory for securities,			
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acce Address (Number, Str State and ZIP Code)		Describe the c	ontents	Do you still have it?			
22.	Have you stored property in a storage unit or  ■ No □ Yes. Fill in the details.	place other than your	home within 1 y	ear before you	ı filed for bankruptcy	?			
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or has to it?  Address (Number, State and ZIP Code)		Describe the c	ontents	Do you still have it?			

Debtor 1 Diyrone Solomon Case number (if known)

Pai	t 9: Identify Property You Hold or Control for	Someone Else								
23.	Do you hold or control any property that someofor someone.	one else owns? Include any prop	erty y	ou borrowed from, are storing for,	or hold in trust					
	■ No									
	Yes. Fill in the details.									
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	De	scribe the property	Value					
Pai	t 10: Give Details About Environmental Inform	ation								
For	the purpose of Part 10, the following definitions	apply:								
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	ir, land, soil, surface water, grou	_	•						
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	sites.								
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		us wa	ste, hazardous substance, toxic s	ubstance,					
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of wh	en the	ey occurred.						
24.	Has any governmental unit notified you that yo	u may be liable or potentially liab	le un	der or in violation of an environme	ntal law?					
	■ No □ Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State & ZIP Code)	and	Environmental law, if you know it	Date of notice					
25.	Have you notified any governmental unit of any release of hazardous material?									
	No									
	Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	and	Environmental law, if you know it	Date of notice					
26.	Have you been a party in any judicial or admini	strative proceeding under any en	viron	mental law? Include settlements a	nd orders.					
	■ No □ Yes. Fill in the details.									
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case					
Pai	t11: Give Details About Your Business or Cor	nections to Any Business								
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have	any of	f the following connections to any	business?					
	☐ A sole proprietor or self-employed in a	trade, profession, or other activit	y, eith	ner full-time or part-time						
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)										
	☐ A partner in a partnership		. •							
	☐ An officer, director, or managing execu	tive of a corporation								
	An owner of at least 5% of the veting of	•	n							

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De	btor 1 Diyrone Solomon	C	ase number (if known)
	No. None of the above applies. Go to	Part 12.	
	☐ Yes. Check all that apply above and fil	I in the details below for each business.	
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business  Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed
28.	Within 2 years before you filed for bankrup institutions, creditors, or other parties.	tcy, did you give a financial statement to a	anyone about your business? Include all financial
	■ No □ Yes. Fill in the details below.		
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Pa	rt 12: Sign Below		
are with		false statement, concealing property, or	declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both.
/s/	Diyrone Solomon		
Diy	yrone Solomon gnature of Debtor 1	Signature of Debtor 2	
Da	te _July 7, 2020	Date	
Did ■ 1		ent of Financial Affairs for Individuals Fili	ng for Bankruptcy (Official Form 107)?
Did ■ 1	you pay or agree to pay someone who is no	ot an attorney to help you fill out bankrupt	cy forms?
		uptcy Petition Preparer's Notice, Declaration,	and Signature (Official Form 119).

Fill in this information to identify your case:							
Debtor 1	Diyrone Solomon						
Debtor 2 (Spouse, if filing)							
United States B	Sankruptcy Court for the: Eastern District of North Carolina						
Case number (if known)							

Check as directed in lines 17 and 21:									
	According to the calculations required by this Statement:								
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).								
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).								
3. The commitment period is 3 years.									
	4. The commitment period is 5 years.								

 $\square$  Check if this is an amended filing

### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part	11: Calculate Your Average Monthly Income								
1.	What is your marital and filing status? Check one of	nly.							
	☐ Not married. Fill out Column A, lines 2-11.								
	■ Married. Fill out both Columns A and B, lines 2-11.								
10 th	ill in the average monthly income that you received from al D1(10A). For example, if you are filing on September 15, the 6- te 6 months, add the income for all 6 months and divide the total couses own the same rental property, put the income from that	month pe al by 6. F	eriod would ill in the re	l be Ma sult. Do	rch 1 thro not inclu	ugh Augu de any in	ist 31. If the ame come amount m	ount of your monthly incom ore than once. For examp	e varied during le, if both
						Colum Debto		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and co	ommissio	ons (b	efore all	\$	3,691.00	\$	
3.	<b>Alimony and maintenance payments.</b> Do not include Column B is filled in.	e payme	ents from	a spo	use if	\$	0.00	\$	
4.	All amounts from any source which are regularly portion of you or your dependents, including child support from an unmarried partner, members of your househo and roommates. Do not include payments from a spouyou listed on line 3.	<b>t.</b> Includ	de regulai depende	contri nts, pa	ibutions arents,	\$	0.00	\$	
5.	Net income from operating a business, profession, or farm	Debto	r 1						
	Gross receipts (before all deductions)	\$_	0.00						
	Ordinary and necessary operating expenses	<b>-</b> \$ _	0.00						
	Net monthly income from a business, profession, or fa	rm \$ _	0.00	Copy	/ here ->	•\$	0.00	\$	
6.	Net income from rental and other real property	Debto							
	Gross receipts (before all deductions)	\$	0.00						

0.00

0.00 Copy here -> \$

0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

-\$

\$

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

Debtor 1	Diyrone Solomon		Case number	(if known)			
			Column A Debtor 1		Column B Debtor 2 o non-filing	-	
7. In	terest, dividends, and royalties		\$	0.00	\$		
	nemployment compensation		\$	0.00	\$		
	o not enter the amount if you contend that the amount received was a be e Social Security Act. Instead, list it here:	enefit under	·		·		
	For you \$	0.00					
	For your spouse \$						
9. Pe be no Ur dis pa	ension or retirement income. Do not include any amount received that enefit under the Social Security Act. Also, except as stated in the next sept include any compensation, pension, pay, annuity, or allowance paid by the inted States Government in connection with a disability, combat-related sability, or death of a member of the uniformed services. If you received ay paid under chapter 61 of title 10, then include that pay only to the extraord services are the amount of retired pay to which you would otherwise by the retired under any provision of title 10 other than chapter 61 of that title.	entence, do y the injury or I any retired ent that it		0.00	\$_		
10. In Do un un co cri co Go de	come from all other sources not listed above. Specify the source and o not include any benefits received under the Social Security Act; paymender the Federal law relating to the national emergency declared by the national Emergencies Act (50 U.S.C. 1601 et seq.) with respectoronavirus disease 2019 (COVID-19); payments received as a victim of sime, a crime against humanity, or international or domestic terrorism; or ompensation, pension, pay, annuity, or allowance paid by the United State overnment in connection with a disability, combat-related injury or disable eath of a member of the uniformed services. If necessary, list other source apparate page and put the total below.	ents made President It to the a war ates ility, or					
	parato pago ana par ino total solom		\$	0.00	\$		
			\$	0.00	\$		
	Total amounts from separate pages, if any.		Φ.	0.00	\$ 		
	Total amounts from separate pages, if any.	+	Ψ	1	Ψ		
	alculate your total average monthly income. Add lines 2 through 10 feach column. Then add the total for Column A to the total for Column B.	or \$	3,691.00	+ \$ _		= \$	3,691.00
Part 2:	Determine How to Measure Your Deductions from Income			J [			tal average inthly income
	opy your total average monthly income from line 11alculate the marital adjustment. Check one:					\$	3,691.00
	You are not married. Fill in 0 below.						
	You are married and your spouse is filing with you. Fill in 0 below.						
	You are married and your spouse is not filing with you.						
	Fill in the amount of the income listed in line 11, Column B, that was dependents, such as payment of the spouse's tax liability or the spouselow, specify the basis for excluding this income and the amount of adjustments on a separate page.  If this adjustment does not apply, enter 0 below.	use's suppo	rt of someone	e other th	nan you or you	r depende	ents.
		\$		_			
				_			
		+\$		_			
	Total	\$	0.00	<u> </u>	opy here=>		0.00
14. <b>Y</b>	Your current monthly income. Subtract line 13 from line 12.					\$	3,691.00
15 6	Calculate your current monthly income for the year. Follow these sto	ans:					
		cps.				٠	3,691.00
1	15a. Copy line 14 here=>					\$	3,001.00

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Debtor 1	Diyrone Solomon	Case number (if known)	
	Multiply line 15a by 12 (the number of months in a year).	x 12	
15	b. The result is your current monthly income for the year for this par	t of the form. \$ 44	,292.00

Debt	or 1	Diyrone Solomon			Case number (if known)	
16	. Calo	culate the median family	income that applies to yo	·		
	16a.	. Fill in the state in which yo	ou live.	NC		
	16b.	. Fill in the number of peop	le in your household.	1		
	16c.	Fill in the median family in	ncome for your state and size	ze of household.		\$ 48,772.00
			median income amounts, q This list may also be availal			
17	. How	v do the lines compare?	This list may also be availab	ole at the bankruptey of	onco omoc.	
	17a.				s form, check box 1, <i>Disposable in Your Disposable Income</i> (Official F	
	17b.	1325(b)(3). Go to		tion of Your Disposal	eck box 2, <i>Disposable income is de</i> ble Income (Official Form 122C-2	
Par	t 3:	Calculate Your Comm	itment Period Under 11 U.	S.C. § 1325(b)(4)		
18.	Сор	y your total average mor	nthly income from line 11			\$ 3,691.00
19.	cont			arried, your spouse is i		
	•		does not apply, fill in 0 on lir	ne 19a.		-\$0.00
	19b.	Subtract line 19a from li	ine 18.			\$3,691.00
20.	Cald	culate your current montl	hly income for the year. F	follow these steps:		
	20a.	. Copy line 19b				\$3,691.00
		Multiply by 12 (the number	er of months in a year).			<b>x</b> 12
	20b.	. The result is your current	monthly income for the yea	r for this part of the form	m	\$44,292.00_
	20c.	Copy the median family in	ncome for your state and size	ze of household from lir	ne 16c	\$ 48,772.00
	21.	How do the lines compa	are?			
		Line 20b is less than period is 3 years. Go		ordered by the court, c	on the top of page 1 of this form, ch	eck box 3, The commitment
			in or equal to line 20c. Unle is <i>5 year</i> s. Go to Part 4.	ss otherwise ordered b	y the court, on the top of page 1 of	this form, check box 4, The
Par	t 4:	Sign Below				
	By s	I signing here, under penalty	of perjury I declare that the	information on this sta	atement and in any attachments is	rue and correct.
)	<b>(</b> /s/	Diyrone Solomon				
	Diy	yrone Solomon				
		gnature of Debtor 1 July 7, 2020				
		MM / DD / YYYY				
	If yo	ou checked 17a, do NOT fil	I out or file Form 122C-2.			
	If yo	ou checked 17b, fill out For	m 122C-2 and file it with this	s form. On line 39 of the	at form, copy your current monthly	income from line 14 above.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

		filing fee		
+	\$75	administrative fee		
	\$310	total fee		

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court Eastern District of North Carolina**

In re	Diyrone Solomon	District of 1 torth Carolina	Case No.	
mie	Digitalle Solomon	Debtor(s)	Chapter	13
	DISCLOSURE OF COMPEN	SATION OF ATTORNE	Y FOR DE	CBTOR(S)
C	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	of the petition in bankruptcy, or ag	reed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	6,500.00
	Prior to the filing of this statement I have received		\$	153.00
	Balance Due		\$	6,347.00
2. \$	310.00 of the filing fee has been paid.			
3. 7	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4. 7	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5.	■ I have not agreed to share the above-disclosed competent	nsation with any other person unless	s they are meml	bers and associates of my law firm.
I	☐ I have agreed to share the above-disclosed compensat copy of the agreement, together with a list of the name			
<b>6.</b> ]	In return for the above-disclosed fee, I have agreed to ren-	der legal service for all aspects of th	ne bankruptcy c	ase, including:
t c	<ul> <li>a. Analysis of the debtor's financial situation, and rendering.</li> <li>b. Preparation and filing of any petition, schedules, statered.</li> <li>c. Representation of the debtor at the meeting of creditored.</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reduce</li> </ul>	ment of affairs and plan which may s and confirmation hearing, and any	be required; adjourned hear	rings thereof;
	pursuant to 11 USC 522(f)(2)(A) for avoidant	ce of liens on household goods;	and motions to	o avoid judicial liens.
7. I	By agreement with the debtor(s), the above-disclosed fee of Representation in any dischargeability action motions to continue or impose the automatic property; on applications to incur debt; in autopertaining to more than two matters arising of	ns, actions to "strip" mortgage lie s stay; on motions for relief from s dits by the Bankruptcy Administra	ns, or any oth stay, on motio ator; the filing	ns for authority to sell real of formal motions or responses
		CERTIFICATION		
	certify that the foregoing is a complete statement of any ankruptcy proceeding.	agreement or arrangement for paym	ent to me for re	epresentation of the debtor(s) in
Jι	uly 7, 2020	/s/ Palmer E. Huffstetler	·, III	
$D_{i}$	ate	Palmer E. Huffstetler, III	l 47818	
		Signature of Attorney Sosna Law Offices, PLL	_C	
		3031 Zebulon Road		
		Rocky Mount, NC 2780- (252) 937-3027 Fax: (2		
		peh@sosnalaw.com		
		Name of law firm		

### **United States Bankruptcy Court** Eastern District of North Carolina

Debtor(s)	Case No. Chapter	13
TION OF CREDITOR MA	ATRIX	
ttached list of creditors is true and corre	ct to the best	of his/her knowledge.
/s/ Diyrone Solomon		
	TION OF CREDITOR MA	TION OF CREDITOR MATRIX  ttached list of creditors is true and correct to the best

Signature of Debtor

21st Mortgage PO Box 477 Knoxville, TN 37901

Aaron's 112 Cardinal Drive Roanoke Rapids, NC 27870

Capital One PO Box 85015 Richmond, VA 23285

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Lendmark 269 Premier Blvd Roanoke Rapids, NC 27870

NC Bankruptcy Reporting Contact NC Child Support Enforcement PO Box 20800 Raleigh, NC 27619-0800

North Carolina Dept. of Revenue Bankruptcy Section PO Box 1168 Raleigh, NC 27640-1168

Portolio Recovery 120 Corprate Blvd. Ste. 100 Norfolk, VA 23502-4962